



PATENT
4501004982

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Akira OGINO et al.

Serial No. : 09/351,399

For : INFORMATION-SIGNAL PLAYBACK SYSTEM,
INFORMATION-SIGNAL READING
APPARATUS, INFORMATION-SIGNAL
PROCESSING APPARATUS, INFORMATION-
SIGNAL PLAYBACK METHOD,
INFORMATION-SIGNAL READING METHOD
AND INFORMATION-SIGNAL PROCESSING
APPARATUS

Filed : July 13, 1999

Examiner : James A. REAGAN

Art Unit : 3621

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GROUP 3600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with
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addressed to: **Mail Stop AF, Commissioner for Patents, P.O.
Box 1450, Alexandria, VA 22313-1450, on December 1,
2003.**

Gordon Kessler, Reg. No. 38,511
(Name of Applicant, Assignee or Registered Representative)

Gordon Kessler
Signature
December 1, 2003
Date of Signature

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the outstanding Final Office Action dated October 7, 2003, please
consider the following remarks.



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450100-4982

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Applicant(s) : Akira OGINO et al.
Serial No. : 09/351,399
For : INFORMATION-SIGNAL PLAYBACK SYSTEM, INFORMATION-SIGNAL READING APPARATUS,
INFORMATION-SIGNAL PROCESSING APPARATUS, INFORMATION-SIGNAL PLAYBACK METHOD,
INFORMATION-SIGNAL READING METHOD AND INFORMATION-SIGNAL PROCESSING APPARATUS
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GROUP 3600

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	26	Minus	= 26	0 x	\$18(9)	= \$00.00
Independent claims	6	Minus	= 6	0 x	\$84(42)	= \$.00
			Total additional fee for this amendment			\$.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid __, or is paid herewith __.
- ☐ This response is being filed within the __ first month, __ second month, __ third month, __ fourth month following the expiration of the term originally set therefor, and the fee of __ \$110 (\$55), __ \$400 (\$200), __ \$920 (\$460), __ \$1,440 (\$720) for the requisite extension __ paid herewith.
- ☐ A check in the amount of \$.00 is attached.
- ☐ Charge \$__ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on December 1, 2003

Gordon Kessler, Reg. No. 38,511

Name of Applicant, Assignee or Registered Representative

Gordon Kessler
Signature

December 1, 2003

Date of Signature

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicant(s)

By: Gordon Kessler
Reg. No. 38,511